

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10538928

PURCHASE DATE

APPLICATION

6-13-05 6-5-06 CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER	
	1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1		51				
2			1		52				
3			1		53				
4			1		54				
5			1		55				
6			1		56				
7			1		57				
8			1		58				
9			1		59				
10			1		60				
11			1		61				
12			1		62				
13			1		63				
14			1		64				
15			1		65				
16			1		66				
17			1		67				
18			1		68				
19			1		69				
20			1		70				
21			1		71				
22			1		72				
23			1		73				
24			1		74				
25			1		75				
26			1		76				
27			1		77				
28			1		78				
29			1		79				
30			1		80				
31			1		81				
32			1		82				
33			1		83				
34			1		84				
35			1		85				
36			1		86				
37			1		87				
38			1		88				
39			1		89				
40			1		90				
41			1		91				
42			1		92				
43			1		93				
44			1		94				
45			1		95				
46			1		96				
47			1		97				
48			1		98				
49			1		99				
50			1		100				
TOTAL IND			1						
TOTAL DEP	14	24	24	24					
TOTAL CLAIMS	6X	25	25	25					

BEST AVAILABLE COPY